

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/088176

FILED DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	IND.	IND.	IND.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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37					
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39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	1				
TOTAL DEP.	13				
TOTAL CLAIMS	14				

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY